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22. I hereby certify that I attended the deceased from 9-14-46 19, to 12-4-50, 19, that I last saw the deceased alive on, 19, and that death occurred at 2:55P m., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State Fion. REMOVAL (Greenly) DUTIAL 13 14 15 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	OF INTURY			HILEAT NOT WHILE						1.1
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	certificate	was embalm	ed by me, or	by
***************************************	Studen	t Embalmer	No) 1 e e 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1
Corking under my personal supervision		Α'		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

Licensed Embalmer No ..

the above constitutes grounds for revocation of license.) If this body is not embalmed, fact should be so stated above.